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	GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
HOURS OFFICE A.M. & P.M.
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
MAY 24 12 42 PM '66

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

I.

Operator Coastal States Gas Producing Company	
Address P. O. Box 2498, Abilene, Texas	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gonsales Federal	Well No. 5	Pool Name, Including Formation Flying "M" San Andres	Kind of Lease State, Federal or Fee Federal
Location Unit Letter J ; 1980 Feet From The South Line and 1983 Feet From The East Line of Section 29 , Township 9S Range 33E , NMPM, Lea County			

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Magnolia Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 606, Seminole, Texas					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 29	Twp. 9S	Rge. 33E	Is gas actually connected? No	When No Market

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well <input checked="" type="checkbox"/>	Gas Well <input type="checkbox"/>	New Well <input type="checkbox"/>	Workover <input type="checkbox"/>	Deepen <input type="checkbox"/>	Plug Back <input type="checkbox"/>	Same Res'v. <input type="checkbox"/>	Diff. Res'v. <input type="checkbox"/>
Date Spudded 4-13-66	Date Compl. Ready to Prod. 5-12-66	Total Depth 4485'		P.B.T.D. 4440'					
Pool Flying "M" San Andres	Name of Producing Formation San Andres	Top Oil/Gas Pay 4350'		Tubing Depth 4350'					
Perforations 4350-64 & 4368-75'				Depth Casing Shoe 4485					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE 12 1/4"		CASING & TUBING SIZE 8 5/8"		DEPTH SET 250'		SACKS CEMENT 200			
7 7/8"		4 1/2"		4485'		200			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

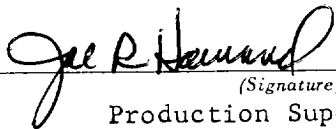
Date First New Oil Run To Tanks 5-12-66	Date of Test 5-15-66	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24	Tubing Pressure Pumping	Casing Pressure 30	Choke Size -----
Actual Prod. During Test 56	Oil-Bbls. 53	Water-Bbls. 3	Gas-MCF TSTM

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure	Casing Pressure	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.


(Signature)

Production Superintendent

(Title)

May 17, 1966

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY _____

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out Sections I, II, III, and VI only for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.